The Statewide Impact of One ME

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Prepared for:
Maine Department of Health and Human Services
Office of Substance Abuse

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Introduction

One ME - Stand United for Prevention, Maine's first State Incentive Grant, strove to achieve the following long-term outcomes on a statewide basis over the four years of the project's existence:

- A 15% reduction in tobacco use among youth ages 12 to17 and
- A 10% reduction in binge drinking among that same age group.

The delayed initiation of substance use among this age group was also an expected outcome. These outcomes are shown in the logic model in the appendix to this document.

To achieve these reductions in substance use statewide, the Maine Office of Substance Use (OSA) funded 23 local coalitions and supercoalitions (*) across the State.

- ACCESS Health Coalition
- Bucksport Bay Healthy Communities
- Building Communities for Children
- Can't Overdose on Love (COOL)
- Communities Promoting Health
- Community Coalition of Western Maine*
- Community Voices
- Healthy Androscoggin
- Healthy Hancock*
- Katahdin Area Partnership
- KEYS for Prevention*
- Lake Region Healthy Community Coalition
- Knox County Coalition Against Tobacco
- One ME – One Portland Coalition*
- One ME Downeast
- Portland Partnership for Homeless Youth
- Prevention Coalition of Greater Waterville*
- River Coalition, Inc.*
- River Valley Healthy Communities Coalition
- South Portland CASA
- Sebasticook Valley Healthy Communities Coalition
- Waponahki Prevention Coalition*
- Youth Promise

It is important to note that these coalitions were selected through a competitive Request for Proposals process, which means that many of the areas funded for One ME work may have entered the project with higher capacity compared to the non-One ME areas. However, the baseline data shows that on many indicators the funded areas were not better off (and in some cases had higher rates at baseline) than the non-funded areas. In any case, interpretation of these results should take into consideration that the One ME areas and non-One ME areas, although each group represents approximately half the State (both by population and by number of municipalities), do no represent randomly assigned experimental and control groups.

Each of the coalitions was tasked with the implementation of Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) model programs. The goals of the programs are to reduce risk factors and increase protective factors among youth. It is through these changes that one would expect to see decreased substance use and delayed onset of use.

The Maine Youth Drug and Alcohol Survey (MYDAUS) is the primary data source for measuring the One ME outcomes on a statewide basis. The 2002 and 2003[1] administrations provide the baseline data. The 2006 MYDAUS is the data source by which One ME outcomes are measured.

MYDAUS is a voluntary and confidential survey completed by youth in grades six through 12 in many schools across the State. One of the primary goals of the MYDAUS is to identify substance use patterns among Maine students. Another is to show trends over time.

While MYDAUS data are often shown by grade and gender, the results are not displayed in this way here. Rather,

- They are aggregated (all grades and both genders together) to determine what changes occurred during One ME; and
- To explore the results in more depth, those schools associated with any of the 23 One ME coalitions are aggregated and compared with schools not associated with One ME ("non-One ME areas").

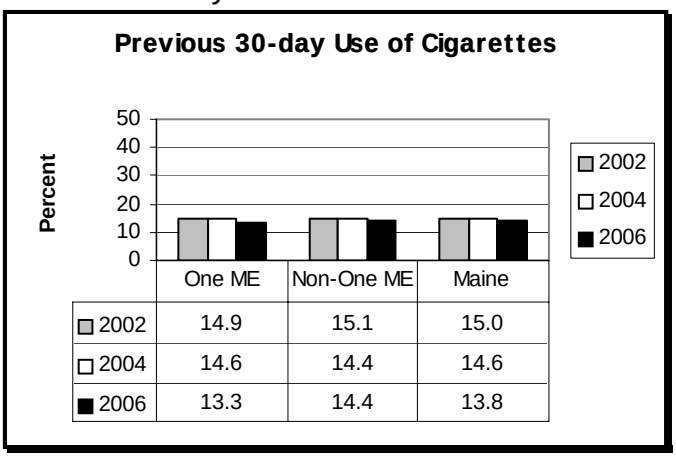
All the results included in this report were tested for significance to indicate whether the observed difference between two groups was real or merely the result of chance. Comparisons made between years were tested with the one way Analysis of Variance, ANOVA, test while comparisons between coalition and non-coalition schools were tested using the independent samples t-test. When an observed difference was significant, it has been noted in the report.

[1] In 2003, there was a special administration of MYDAUS for those schools associated with One ME coalitions that had not participated in the 2002 survey.

Again, the long-term outcomes for One ME were a 15 percent reduction in tobacco use among youth ages 12 to17, a ten percent reduction in binge drinking among youth and the delayed onset of substance use among this age group.

Tobacco Use. Between 2002/2003 and 2006, there was an eight percent reduction in previous 30-day use of cigarettes among youth. The overall proportion of students using cigarettes dropped from 15.0 percent to 13.8 percent. While this reduction falls short of the15 percent target set for One ME, it is statistically significant and is a success given the context of Maine's prevention efforts aimed at reducing tobacco use.

In the late 1990s, the Partnership For A Tobacco-free Maine (PTM), began its work as the Maine State Tobacco Prevention and Control Program. One of the program's four goals is to "prevent youth and young adults from starting to use tobacco."[2] The program funds a number of environmental activities to reduce tobacco use. By the time One ME began, the State had already achieved a reduction in cigarette use among youth. In 2000, 17.3 percent of youth smoked. By 2002/2003, the One ME baseline, this proportion was down to 15 percent.



	One ME	Non-One ME	Maine
2002	14.9	15.1	15.0
2004	14.6	14.4	14.6
2006	13.3	14.4	13.8

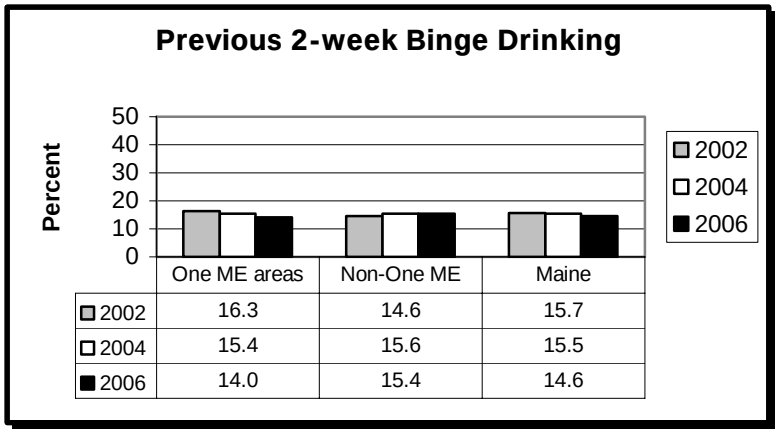
In addition to the statewide rates of cigarette use, the graph to the right shows 30-day use of cigarettes in the One ME coalition areas and the non-One ME areas. While both groups show a decline in use, only the reduction in cigarette use in the One ME areas is statistically significant.

Binge Drinking. The second long-term goal for One ME was a ten percent reduction in binge drinking among youth ages 12 to 17. From 2002/2003 to 2006, there was a seven percent reduction statewide in previous two-week binge drinking. In 2002/2003, 15.7 percent of youth participated in binge drinking. By 2006, that proportion is down to 14.6 percent, a change that is statistically significant.

The graph below shows that One ME areas together saw a significant reduction in binge drinking over the course of the initiative (from 16.3% in 2002/2003 to 14.0% in 2006). The non-One ME areas, however saw a statistically significant increase in binge

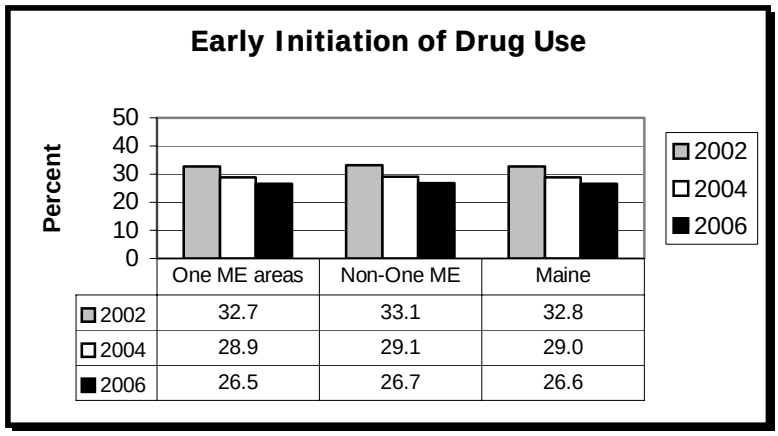
[2] Partnership For A Tobacco-Free Maine. Retrieved October 5, 2006, from Healthy Maine Partnerships Web site: http://www.tobaccofreemaine.org/aboutptm.html

drinking. It is likely that the work of One ME impacted the decline in youth binge drinking statewide.



	One ME areas	Non-One ME	Maine
2002	16.3	14.6	15.7
2004	15.4	15.6	15.5
2006	14.0	15.4	14.6

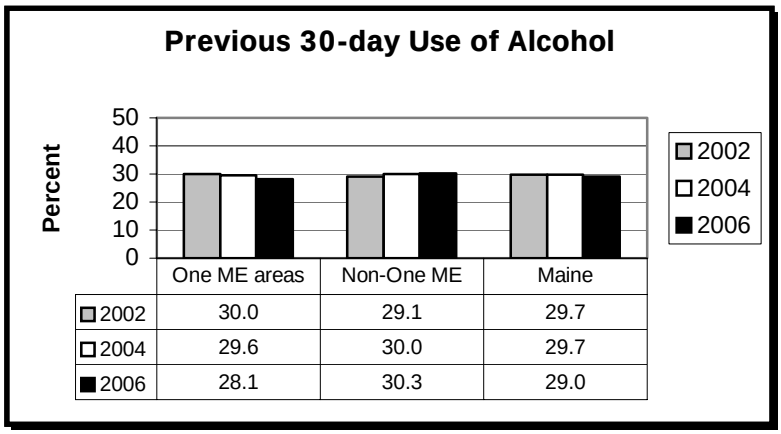
Delayed Initiation of Substance Use. A third long-term goal for the initiative is to delay the age at which youth try substances. In MYDAUS this is indicated by the proportion of 11th and 12th graders who first use before age 14. This outcome was achieved during One ME. In 2002/2003, nearly one-third of youth (32.8%) had initiated use before age 14 compared with one in four youth (26.6%) in 2006, a statistically significant change. The decreases on this indicator in both One ME coalition and non-coalition areas were significant.



	One ME areas	Non-One ME	Maine
2002	32.7	33.1	32.8
2004	28.9	29.1	29.0
2006	26.5	26.7	26.6

Other Substance Use Outcomes

While the One ME long-term outcomes focused on binge drinking and tobacco use specifically, other reductions in substance consumption were expected. As the logic model at the end of this report shows, the strategies employed were expected to have indirect effects on marijuana use and on the use of other drugs.

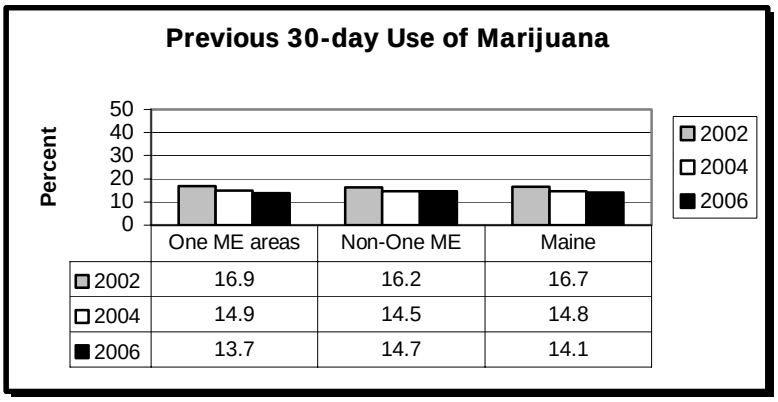


	One ME areas	Non-One ME	Maine
2002	30.0	29.1	29.7
2004	29.6	30.0	29.7
2006	28.1	30.3	29.0

Alcohol. Over the course of One ME, there was a statistically significant statewide reduction in the proportion of students who had used alcohol in the month prior to the administration of MYDAUS. In 2002/2003, 29.7 percent of students had used alcohol in that timeframe compared with 29.0 percent in 2006.

Like binge drinking, a significant reduction occurred in One ME areas and a significant increase in alcohol use is seen in the areas of the State that were not associated with the initiative.

Marijuana. The use of marijuana in the previous 30 days declined statewide during One ME. In 2006, 14.1 percent of students had used marijuana in the month prior to taking the MYDAUS, down from 16.7 percent in the One ME baseline year. Again, the change statewide is statistically significant change as are the decreases in One ME coalition and non-One ME coalition areas.



	One ME areas	Non-One ME	Maine
2002	16.9	16.2	16.7
2004	14.9	14.5	14.8
2006	13.7	14.7	14.1

Other Substances. Because very few students (1% to 8%) report using substances other than alcohol, tobacco and marijuana in the past month, lifetime use (meaning "ever used") can be a better measure of the success of prevention initiatives. Statistically significant reductions in lifetime substance use statewide were seen from the baseline year to 2006 in the use of cocaine, ecstasy, heroin and stimulants.

Table 1: Lifetime Use of Other Substances Maine

	2002	2006
Inhalants	12.3	12.2
Cocaine*	4.8	4.5
Ecstasy*	6.5	3.3
Heroin*	2.5	1.9
Stimulants*	4.4	3.3

*Statistically significant

The change in prescription drug misuse is measured from 2004 to 2006 because of wording changes to MYDAUS that occurred between 2002 and 2004. A significant reduction(from 16.6% in 2004 to 12.0% in 2006) was seen for prescription drug misuse.

The performance of the One ME coalition areas and the non-One ME areas show the same trends, with the exception of lifetime use of cocaine. A significant decline was seen statewide and in the One ME areas in lifetime use of this drug, but not in the non-One ME areas.

Risk and Protective Factors

The One ME local logic model indicates that the enhancement of protective factors and attenuation of risk factors is an intermediate outcome for One ME. This means that positive changes in these factors are expected and necessary to achieve the long-term reductions in substance use.

Table 2 shows those risk and protective factors that showed statistically significant improvement from the One ME baseline to 2006. An "X" indicates where improvement was seen for each factor, that is, in the State as a whole, the One ME coalitions and/or the non-One ME areas.

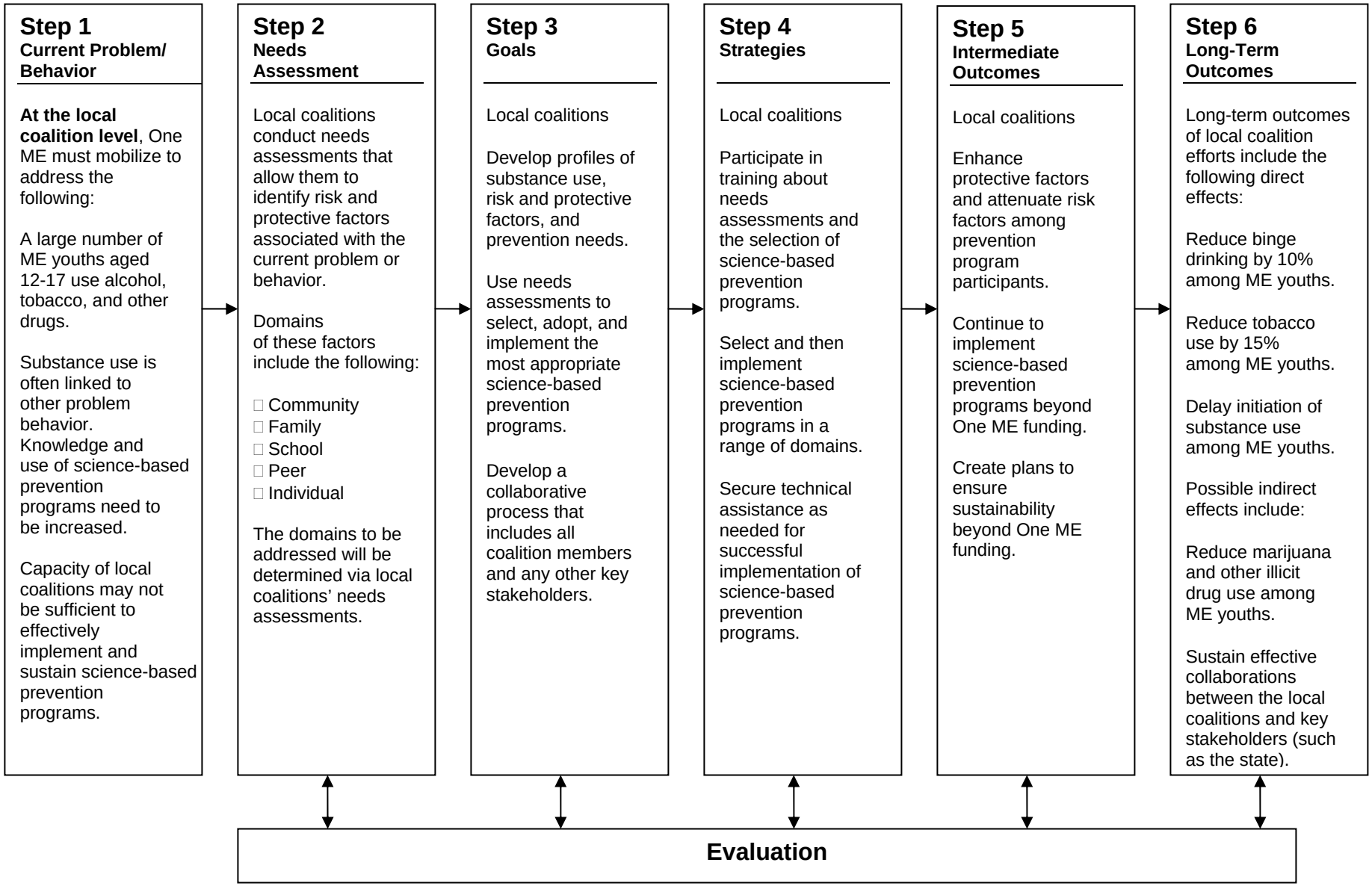
Table 2: Risk and Protective Factors Showing Significant Improvement			
	State	**One ME Coalitions**	**Non-One ME Areas**
Individual/Peer Domain			
Risk Factors			
Intention to use drugs			
Interaction with antisocial peers			
Rebelliousness	X	X	
Attitudes favorable to drug use	X	X	
Attitudes favorable to antisocial behavior			
Low perceived risk of drug use	X	X	
Peer drug use	X	X	X
Sensation seeking	X	X	
Protective Factors			
Social Skills	X	X	
Belief in the moral order			
School Domain			
Risk Factors			
Low academic achievement	X		X
Low commitment to school	X	X	
Protective Factors			
School rewards for pro-social involvement	X		X
School opportunities for involvement	X		X
Family Domain			
Risk Factors			
Poor family management	X	X	X
Family history of antisocial behavior	X	X	X
Parental attitudes favorable to drug use			
Parental attitudes favorable to antisocial behavior			
Protective Factors			
Family attachment			
Family opportunities for involvement	X		
Family rewards for involvement			
Community Domain			
Risk Factors			
Laws and norms favorable to drug use	X	X	X
Perceived availability of drugs	X	X	X
Protective Factors			
Community opportunities for involvement			
Community rewards for involvement			

Some connections may be made between the observed improvements statewide and the work of One ME, however, there is no evidence that a causal relationship exists. Following are some observations that may or may not lend some context to the results of the analysis of risk and protective factors.

- Most of the model programs implemented through One ME claim to achieve positive outcomes in multiple domains, but most primarily target the individual/peer domain. Given this fact, one would expect to see improvements in the factors in this domain. This does in fact hold true; improvements are seen among One ME coalitions in six of ten factors measured as compared with just one in ten factors in the non-One ME areas.
- Given that many One ME programs were implemented in school settings, it would not be surprising to see improvements in the school domain. However, the non-One ME areas performed better than One ME coalitions in the school domain.
- Overall, One ME would have had little impact on the family domain. A few One ME coalitions selected family domain programs, but all but one of these coalitions had difficulty recruiting participants into these model programs. Statewide, fewer than half (3 of 7) of the risk and protective factors improved. There was no difference between One ME and non-One ME areas; both saw improvement in just two risk factors, *poor family management* and *family history of antisocial behavior*.
- Over half of the One ME coalitions implemented model environmental strategies, either Communities Mobilizing for Change on Alcohol (CMCA) or Community Trials Intervention to Reduce High-risk Drinking (CTI). The ultimate goal of these strategies is to reduce youth access to alcohol. It is therefore not surprising that statewide, there was a significant reduction in *perceived availability of substances* (from 41.3% to 36.5%).
- Much of the work in environmental strategies is around policy change and enforcement issues. So, again, it is not surprising to see the positive change in the *laws and norms favorable to drug use* risk factor. However, given the community focus of coalition activities, it is surprising to see the lack of improvement in *community opportunities* and *community rewards for involvement*. It is possible that since these scores are derived from student perceptions, the activities were not visible to students or in fact reached only a small group of adults.

Conclusion

In sum, the One ME project was a success and built upon the work of other prevention initiatives such as Partnership for Tobacco-Free Maine and underage drinking efforts. While the proposed percentages for reductions in binge drinking (10%) and tobacco use (15%) were not achieved, statistically significant reductions of seven to eight percent, respectively, were seen between the start of the initiative in 2003 and its finale in 2006. A third long-term outcome, the delayed initiation of substance use, was also achieved.



[3] Source: Adapted from RTI International's January 2003 Draft Logic Model for One ME.